

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 399 OF 888  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PFIZER INC. PAC**

Full Name (Last, First, Middle Initial)

**A. Robert Walker Jones**Mailing Address 235 E 42nd St  
Pfizer IncCity State Zip Code  
New York NY 10017-5703FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pfizer Inc

Occupation

VPresident Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2015**Transaction ID : 20150914142248-1930**

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Robert Walker Jones**Mailing Address 235 E 42nd St  
Pfizer IncCity State Zip Code  
New York NY 10017-5703FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pfizer Inc

Occupation

VPresident Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2015**Transaction ID : 2015092815531-1940**

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Robin Gregory Jones**Mailing Address 400 Perimeter Walk  
Pfizer Regional Mgmt OfficeCity State Zip Code  
Atlanta GA 30338-7503FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pfizer Inc

Occupation

Sr Manager Dist Mgmt-Pharm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.12

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2015**Transaction ID : 20150914142248-1230**

Amount of Each Receipt this Period

20.84

**SUBTOTAL** of Receipts This Page (optional)..... ►

437.50

**TOTAL** This Period (last page this line number only)..... ►